

# APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: NEW TRYPANOSOMA CRUZI ANTIGEN, GENE ENCODING THEREFOR AND METHODS OF DETECTING AND TREATING CHAGAS DISEASE

described and claimed in the specification:

**Check one**

\*a. ☐ attached hereto.

b. ☒ filed on June 7, 1995 as Application No. 08/480,917 and amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

French Patent Application No. 94 10132, filed August 12, 1994

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024;  
Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;  
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771 and  
Mario A. Costantino, Reg. No. 33,565.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 **Typewritten Full Name  
of First or Sole Inventor**

Given Name	Middle Initial	Family Name
Glaucia		PARANHOS-BACCALA

2 **\*\*Inventor's Signature:**

<i>Glaucia Paranhos Baccala</i>		
---------------------------------	--	--

3 **\*\*Date of Signature:**

Month	Day	Year
April	8	1998

Residence:

Lyon

Day

Year  
FRANCE

Citizenship:

Brazil and Switzerland

State or Province

Country

Post Office Address:

(Insert complete mailing address, including country) 75 cours Gambetta

69003 Lyon, FRANCE

\*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

\*\*Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

(Discard this page in a sole inventor application)

1 Typewritten Full Name of Joint Inventor Mylene LESENECHAL  
Given Name Middle Initial Family Name  
2 Inventor's Signature LESENECHAL MYLENE  
3 Date of Signature 06/23/1995  
Residence Villeurbanne FRANCE  
City State or Province Country  
Citizenship France  
Post Office Address 84 rue Anatole France  
(Insert complete mailing address, including country) 69100 Villeurbanne, FRANCE

1 Typewritten Full Name of Joint Inventor Michel JOLIVET  
Given Name Middle Initial Family Name  
2 Inventor's Signature JOLIVET Michel  
3 Date of Signature 06/27/95  
Residence Bron FRANCE  
City State or Province Country  
Citizenship France  
Post Office Address 16 avenue des Colonnes  
(Insert complete mailing address, including country) 69500 Bron, FRANCE

Typewritten Full Name of Joint Inventor  
Given Name Middle Initial Family Name  
Inventor's Signature  
Date of Signature  
Residence City State or Province Country  
Citizenship  
Post Office Address  
(Insert complete mailing address, including country)

Typewritten Full Name of Joint Inventor  
Given Name Middle Initial Family Name  
2 Inventor's Signature  
3 Date of Signature  
Residence City State or Province Country  
Citizenship  
Post Office Address  
(Insert complete mailing address, including country)

1 Typewritten Full Name of Joint Inventor  
Given Name Middle Initial Family Name  
2 Inventor's Signature  
3 Date of Signature  
Residence City State or Province Country  
Citizenship  
Post Office Address  
(Insert complete mailing address, including country)

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.

004333-08408  
064280-532846